

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-107

09/889094

APPLIED NO.	DEP.	AMENDMENT NO.	DEP.	AMENDMENT NO.	DEP.	APPLIED NO.	DEP.	AMENDMENT NO.	DEP.
1	1					51			
2	1					52			
3	1	(1)				53			
4	1	(2)				54			
5	1	(3)				55			
6	1					56			
7	1					57			
8	1					58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL NO.	4					TOTAL NO.			
TOTAL DEP.	5					TOTAL DEP.			
TOTAL AMOUNT	9					TOTAL AMOUNT			

194-65 1080 FORM 107 FOR MULTIPLE DEPENDENT CLAIMS - AMENDMENTS